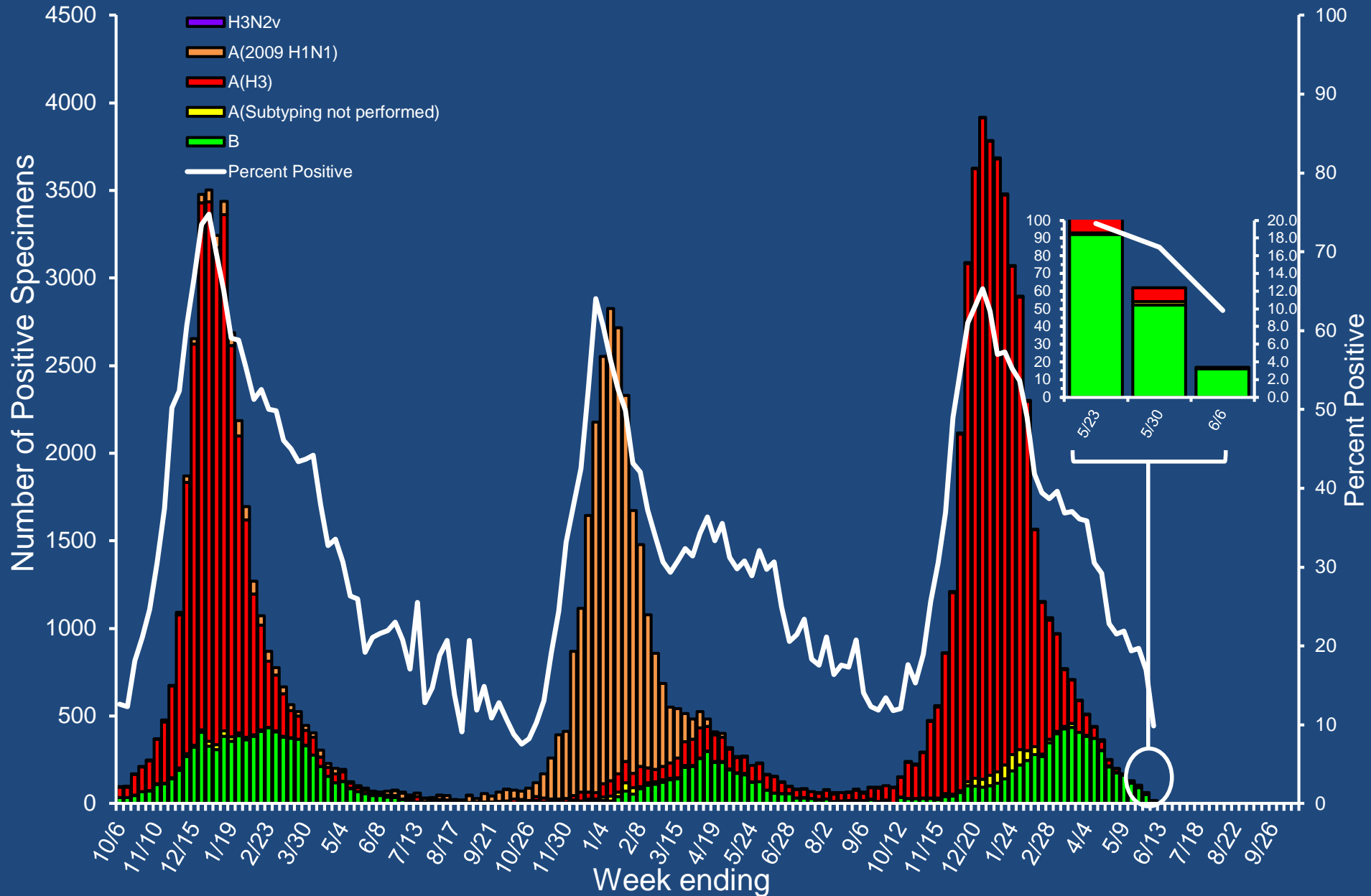


End-of-season influenza vaccine effectiveness estimates for the 2014-15 season: US Influenza Vaccine Effectiveness (Flu VE) Network

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June 24, 2015**

Public Health Sites - Epidemiology/Surveillance National Summary, 2012-15



US Flu VE Network: 5 Sites and Principal Investigators

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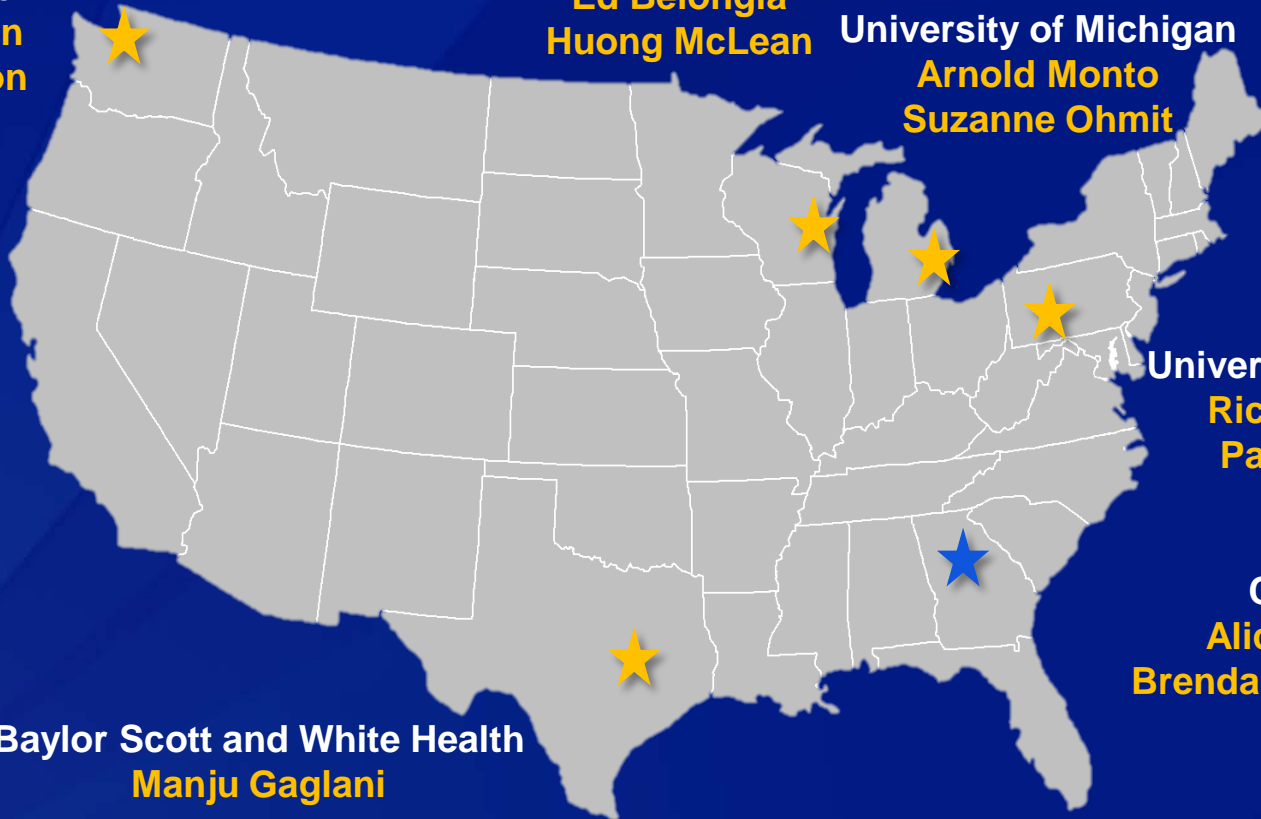
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US Flu VE Network Methods

Enrollees: Ambulatory patients aged ≥ 6 months with acute respiratory illness and cough – from Nov 10, 2014 – Apr 10, 2015

Methods: Prospective case-control study (test-negative design)

- ❑ Influenza infection confirmed by RT-PCR
 - Cases: Influenza PCR-positive
 - Controls: Influenza PCR-negative
- ❑ Vaccination status: Confirmed by medical records and registries (1 site) and self report and medical records/registries (4 sites); excludes partially vaccinated children

Analysis: $VE = (1 - \text{adjusted OR}) \times 100\%$

- Adjustment for study site, age, sex, race/Hispanic ethnicity, self-rated general health, days from illness onset to enrollment, and calendar time (2-week intervals)

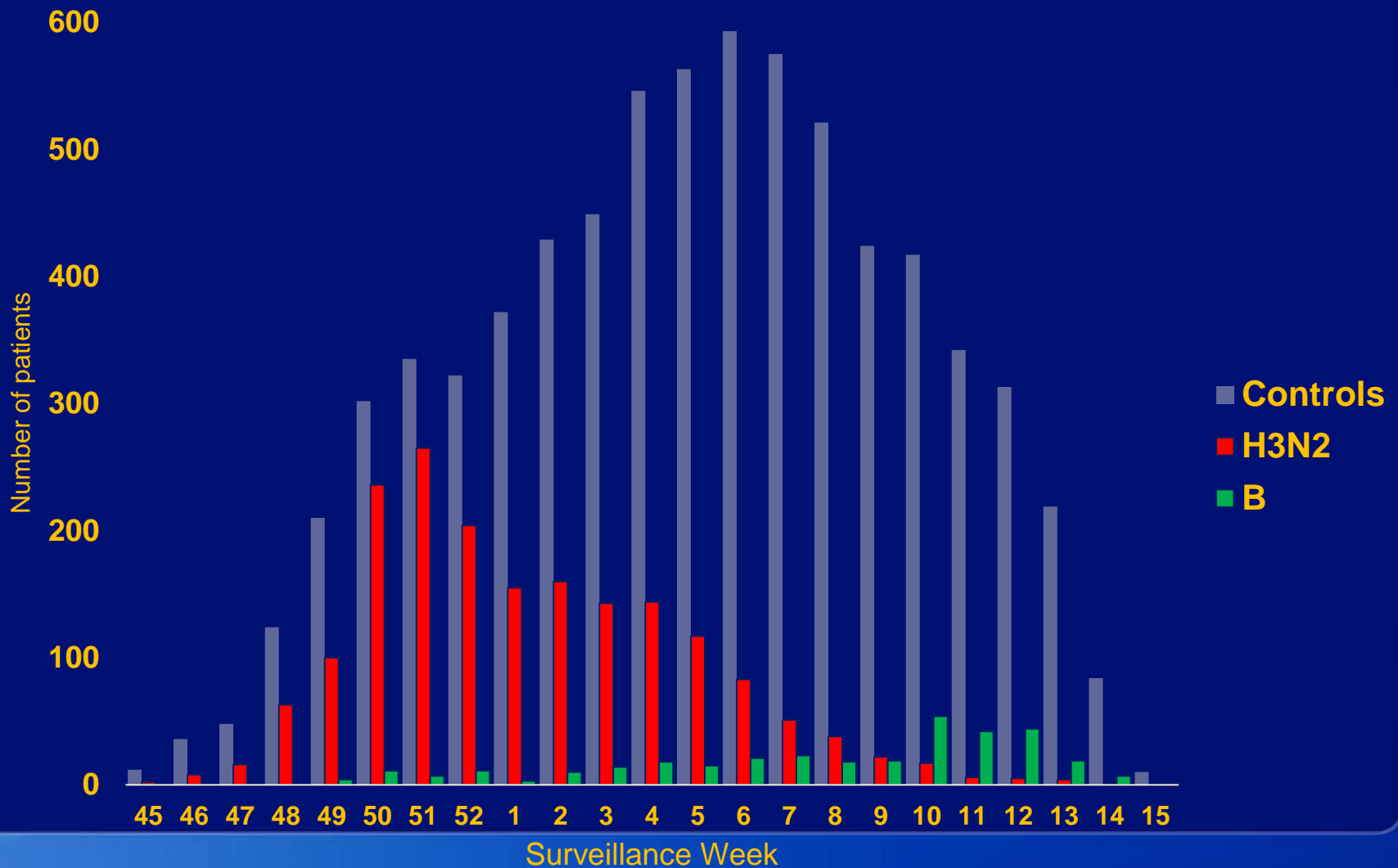
Preliminary 2014-15 end-of-season VE estimates by H3 genetic group, US Flu VE Network

- ❑ **Most (>80%) A(H3N2) viruses tested at CDC were antigenically different from 2014-15 vaccine component**
- ❑ **Challenges with hemagglutination inhibition (HI) assay used to assess antigenic similarity to vaccine**
- ❑ **Increased use of genetic sequencing of H3N2 viruses—antigenic properties inferred from viruses characterized by HI**
- ❑ **Several genetic groups of H3N2 viruses co-circulated**
- ❑ **VE by genetic group: ratio of vaccination among cases to influenza-negative controls**

US Flu VE Network Results

- ❑ **9,707 enrolled from Nov 10, 2014–Apr 10, 2015**
 - 3,769 patients aged 6 months-17 years; 1,208 aged ≥65 years
- ❑ **RT-PCR results: 24% influenza positive, 76% negative**
- ❑ **Influenza type/subtype:**
 - 83% influenza A—all A(H3N2)
 - 17% influenza B: 85% B-Yamagata (trivalent/quadrivalent)
15% B-Victoria lineage (quadrivalent)
- ❑ **Vaccination: 53% overall** (excluding partial vaccination)
 - Inactivated vaccines: 51% quadrivalent, 49% trivalent
 - Live-attenuated vaccine: 26% among patients aged 2-17 years
 - High dose trivalent vaccine: 9% among patients ≥65 years

Numbers of patients with medically attended acute respiratory illness enrolled at US Flu VE Network sites, by influenza RT-PCR result and surveillance week, 2014-2015 season



Adjusted VE against any influenza A and B, US Flu VE Network, 2014-15

	Influenza- positive	% vaccinated	Influenza- negative	% vaccinated	Adjusted VE	(95% CI)
Influenza A and B						
All ages	1097/2237	(49)	3866/7092	(55)	23%	(14 to 31)
Age group (yrs)						
6 mos–8	185/473	(39)	1013/1944	(52)	27%	(9 to 42)
9–17	135/394	(34)	391/958	(41)	29%	(6 to 46)
18–49	276/643	(43)	992/2212	(45)	10%	(-10 to 26)
50-64	227/379	(60)	735/1118	(66)	27%	(6 to 44)
≥65	274/348	(79)	735/860	(85)	36%	(8 to 55)

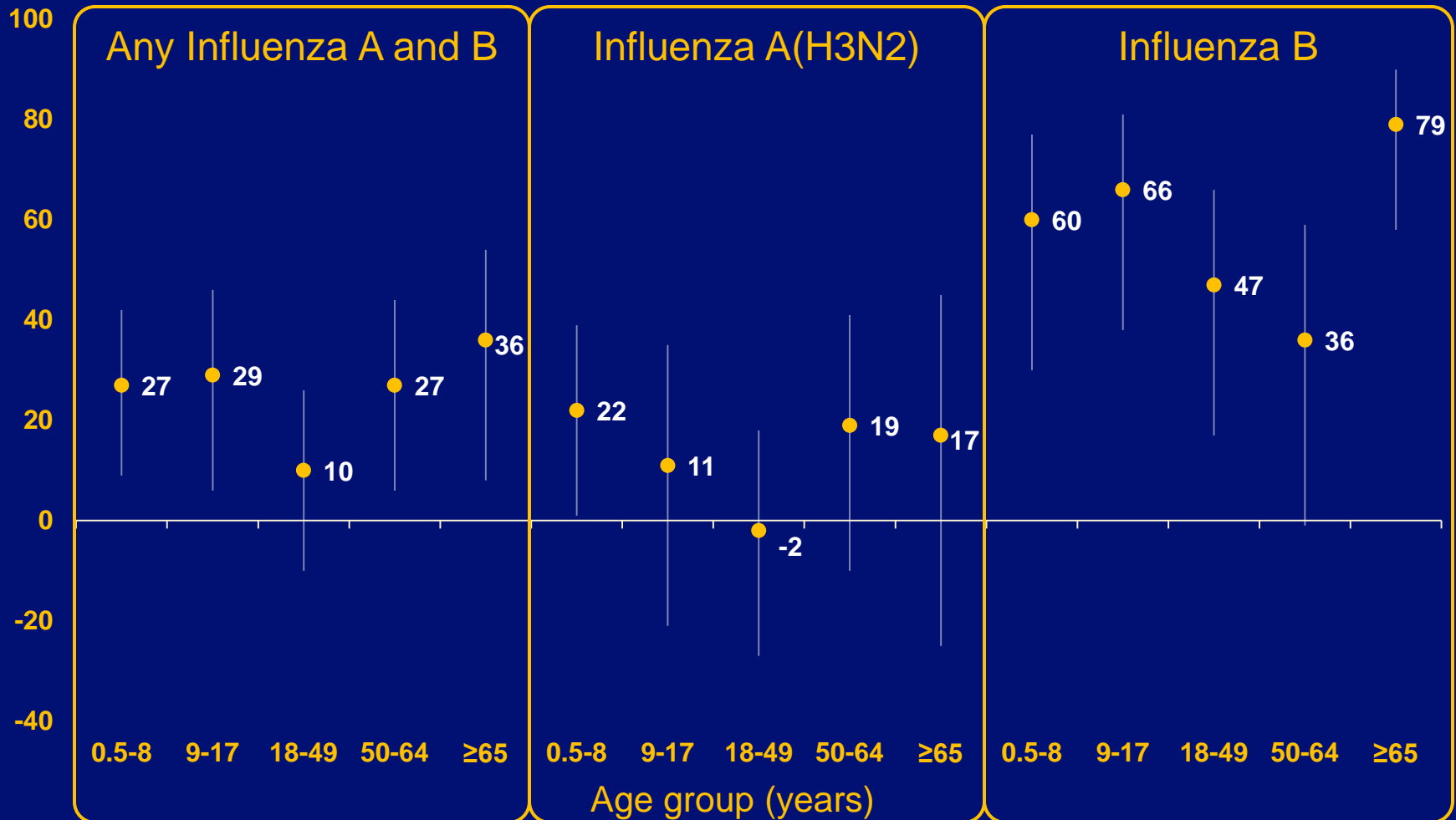
* Adjusted for study site, age (group or years), sex, race/Hispanic ethnicity, self-rated general health status, interval from illness onset to enrollment, and calendar time (biweekly intervals).

Adjusted VE for influenza vaccination by influenza A subtype and B virus lineage, US Flu VE Network, 2014-15

	Influenza- positive	% vaccinated	Influenza- negative	% vaccinated	Adjusted VE	(95% CI)
Influenza A (H3N2)						
All ages	941/1821	(52)	3866/7092	(55)	13%	(2 to 23)
Influenza B (Yamagata)						
All ages	125/340	(37)	3866/7092	(55)	55%	(43 to 65)
Influenza B (Victoria)						
All ages	12/47	(26)	3866/7092	(55)	63%	(26 to 81)

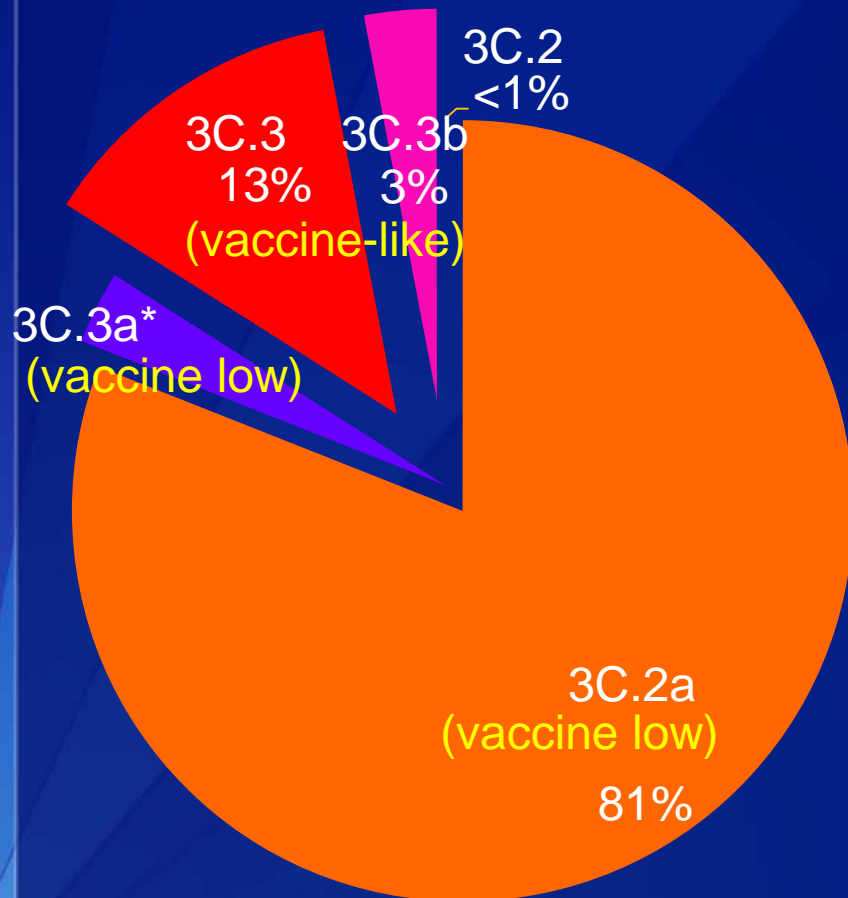
* Adjusted for study site, age, sex, race/Hispanic ethnicity, self-rated health status, days from illness onset to enrollment, and calendar time (biweekly intervals).

VE against any influenza, A(H3N2), and B by age group, US Flu VE Network, 2014-15

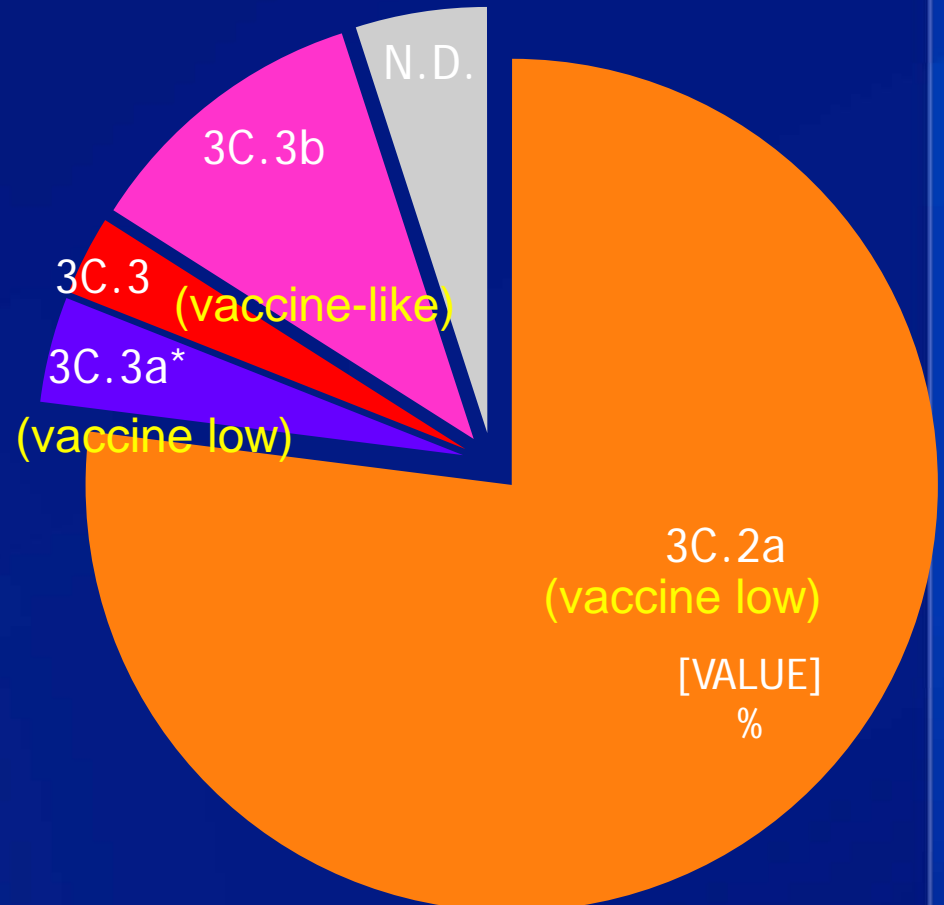


Characterization of circulating H3N2 viruses in the U.S. by HA gene sequencing, 2014-15

U.S. laboratories (N=2,018)

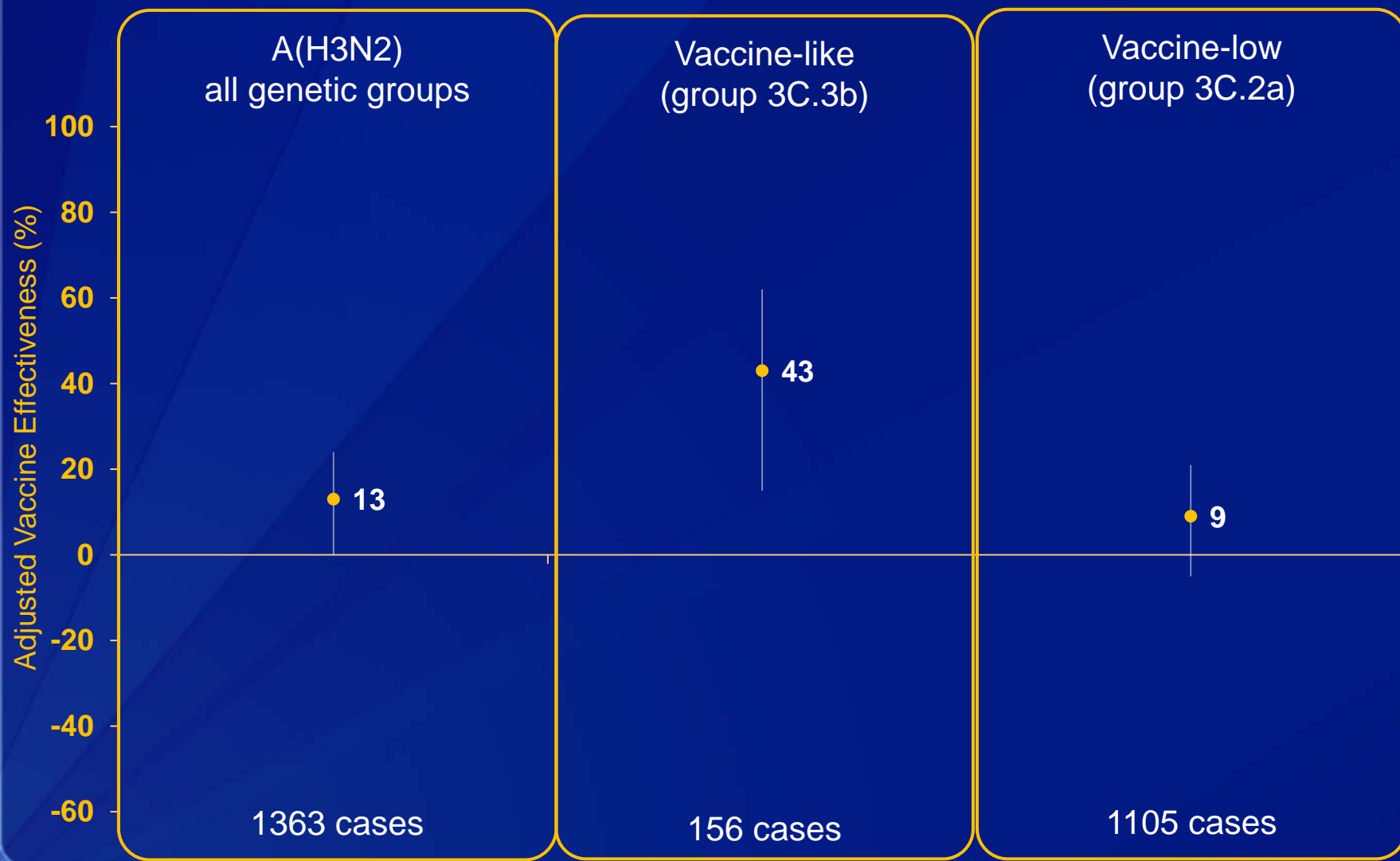


Flu VE Network (N=1,397)



*Includes A/Switzerland/9714293/2013, H3N2 component of 2015-16 N Hemisphere vaccine

Adjusted VE by influenza A(H3N2) genetic group, US Flu VE Network, 2014–2015



**VE against any influenza by
vaccine type**

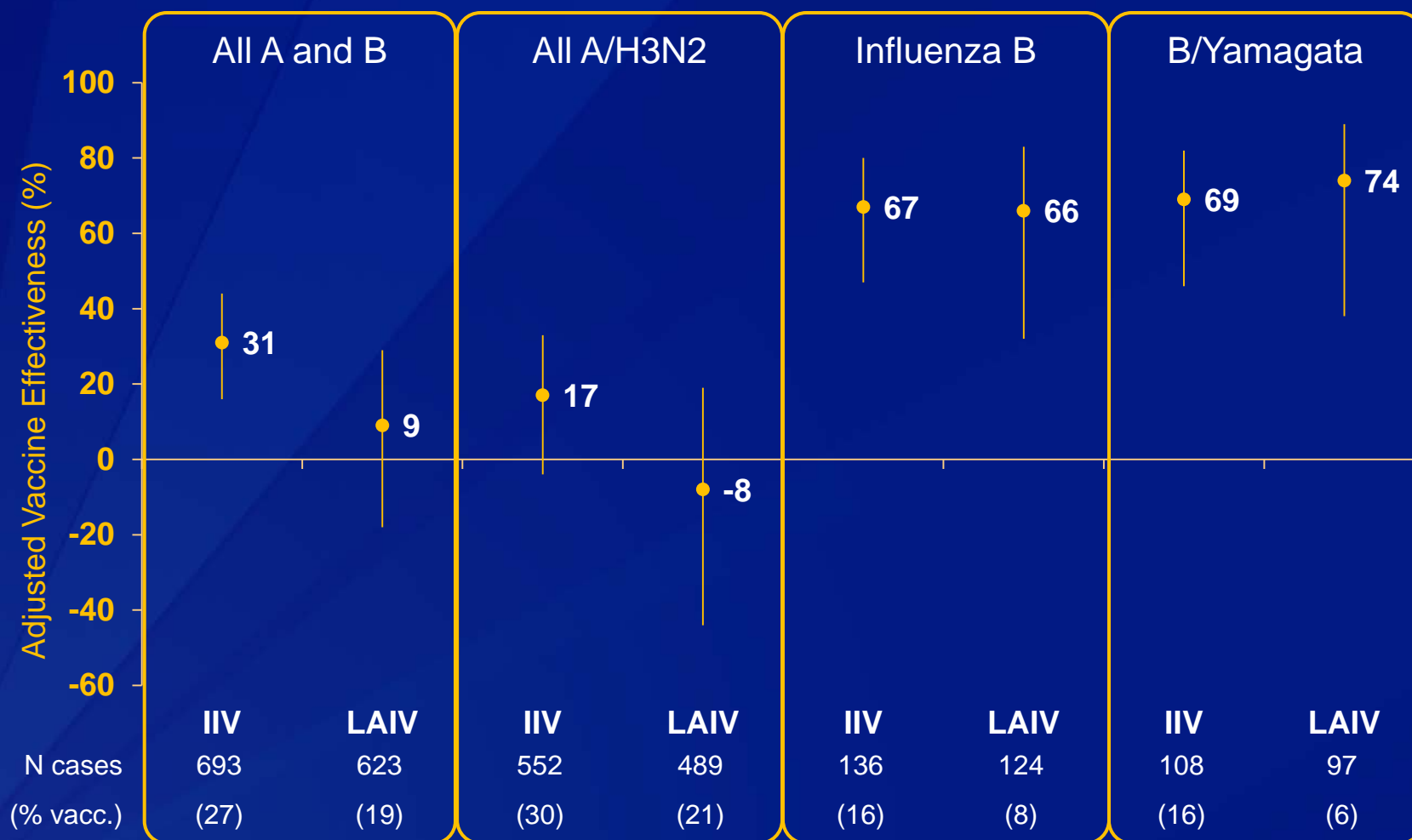
Adjusted VE against any influenza for fully vaccinated children and adolescents 2–17 years, by vaccine type, 2014-15

	Influenza- positive	% vaccinated	Influenza- negative	% vaccinated	Adjusted VE*	(95% CI)
Live attenuated (LAIV4)						
2–17 years	623	19%	1677	22%	9%	(-18 to 29)
2–8 y	316	22%	985	25%	9%	(-28 to 35)
9–17 y	307	16%	692	18%	17%	(-27 to 46)
Inactivated (IIV3/IIV4**)						
2–17 years	693	27%	2068	37%	31%	(16 to 44)
2–8 y	348	29%	1235	40%	26%	(2 to 44)
9–17 y	345	25%	833	32%	33%	(9 to 51)

*Adjustment for age (groups or years), study site, race/Hispanic ethnicity, sex, self-rated general health status, interval from onset to enrollment, and calendar time (biweekly intervals)

**40% of children who received inactivated vaccine received IIV3, 60% received IIV4

Adjusted VE by influenza type/subtype and vaccine type for fully vaccinated children and adolescents aged 2–17 years, US Flu VE Network, 2014–2015



Adjusted VE against any influenza A and B among patients aged ≥ 65 years by vaccine type, 2014–2015

	Influenza- positive	% vaccinated	Influenza- negative	% vaccinated	Adjusted VE*	(95% CI)
High dose (IIV3)						
≥ 65 years	112	20%	235	26%	14%	(-72 to 57)
Standard dose (IIV3/IIV4)						
≥ 65 years	317	72%	778	78%	31%	(2 to 51)
Standard dose (IIV3)						
≥ 65 years	193	53%	429	59%	38%	(3 to 60)

*Adjustment for age (years), study site, race/Hispanic ethnicity, sex, self-rated general health status, interval from onset to enrollment, and calendar time (biweekly intervals)

- ❑ Relative effectiveness of high dose IIV3 versus standard dose IIV3/IIV4 was not significant (adjusted OR: 0.98, 95% CI, 0.53, 1.83).

Limitations

- ❑ **Some estimates imprecise due to small numbers**
 - VE for high-dose
 - VE for live-attenuated by age group
 - VE for less common H3 genetic groups

- ❑ **Observational study design**
 - Potential for confounding due to differences in patient characteristics among vaccinated/unvaccinated, or vaccine type

Conclusions

- ❑ **Reduced VE consistent with predominance of antigenically drifted A(H3N2) viruses**
 - H3N2 accounted for 83% of influenza-positive cases at US Flu VE Network sites; majority (>80%) in genetic groups characterized as low reactors to vaccine
 - Higher VE against less prevalent vaccine-like A(H3N2) viruses and influenza B viruses
- ❑ **66-67% VE against influenza B for LAIV and IIV among children and adolescents**
- ❑ **Reduced or nonsignificant VE against A(H3N2) for LAIV and IIV in children, high dose and standard dose among ≥65 years**

US Flu VE Network

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